



Montana Department of Corrections

State Issued Cellular Telephone Request & Authorization

***All fields must be completed by Requestor**

Cellular Requestor Name: _____

I have read DOC Cellular Telephone policy 1.3.51 and will comply with all terms and conditions of this policy:

Signature of Cellular Requestor: _____

Justification for assignment: Cellular Telephone ☐ Data Device ☐ Air Card ☐

Authorization signature: _____ Date: _____
(Administrator)

Facility/Program: _____ Org #: _____

Deliver phone to:

Name: _____

Address: _____

City, State, Zip: _____

Office Telephone number: _____

Submit completed form to Cellular Telephone Manager, Contracts Management Bureau, AFSD, 5 S. Last Chance Gulch, Helena, MT 59601.

Users requesting connection to the State of Montana's Exchange system for email, calendar, and contacts via a mobile device, must also submit a signed Unmanaged Mobile Device Email User Agreement or Managed Mobile Device Email User Agreement along with this form.

-----Central office use only-----

Cellular Telephone Number Assigned: _____ Activation date: _____ Plan/Minutes: _____

Funding:

Approved: _____ Disapproved: _____

Funding Signature: _____

Comments: _____

Data Device (Managed Mobile Device):

Approved: _____ Disapproved: _____

IT Signature: _____

Comments: _____